

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39130

FILED DEC 3-1957

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Butler</b>		c. CITY OR TOWN <b>Amoret</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Butler memorial</b>		d. STREET ADDRESS (If outside, give location) <b>1 Wk</b>	
3. NAME OF DECEASED (Type or print) First <b>Frank</b> Middle <b>Leslie</b> Last <b>Gritton</b>		4. DATE OF DEATH Month <b>Nov</b> Day <b>27</b> Year <b>1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>12 14 1873</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <b>Bates Co Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Levy Gritton</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Smith</b>	
14. NAME OF HUSBAND OR WIFE <b>Annah Thompson Gritton</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Gladys Miles-Hume Mo. RFD</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>PULMONARY EDEMA</b>			INTERVAL BETWEEN ONSET AND DEATH <b>24 HOURS</b>
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) <b>ARTERIO SCLEROTIC HEART DISEASE</b>			<b>UNKNOWN</b>
DUE TO (c) <b>GENERALIZED ARTERIO SCLEROSIS</b>			<b>UNKNOWN</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4200</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY <input type="checkbox"/> STATE <input type="checkbox"/>	
21. I attended the deceased from <b>1949</b> to <b>NOV. 27, 1957</b> and last saw him alive on <b>NOV. 26, 1957</b> Death occurred at <b>12:30 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>John M. Cooper M.D.</b>		22b. ADDRESS <b>Butler Missouri</b>	
22c. DATE SIGNED <b>11/27/57</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>11/29/57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Woodfin Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Bates Co Missouri</b>		24. FUNERAL DIRECTOR <b>Culver Underwood-Butler Mo</b>	
25. DATE RECD. BY LOCAL REG. <b>NOV. 29, 1957</b>		26. REGISTRAR'S SIGNATURE <b>Randall Krum</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

7-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Robert G. Steinbeck*

Licensed Embalmer No. 4657

P. O. Address Butler Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.